

NAVAL SPECIAL WARFARE CENTER
MEDICAL DEPARTMENT
2446 TRIDENT WAY

SAN DIEGO CA 92155-5449

FAX PACKAGE

COMM FAX: 619-437-5248

DSN FAX: 577-5248

QUESTION OR STATUS OF PACKAGE

EMAIL: buds_medical@navspecwarcen.navy.mil

FROM: (Last, First M): _____

EMAIL ADDRESS: _____

TO: NAVAL SPECIAL WARFARE CENTER MEDICAL DEPARTMENT

SUBJECT: SEAL MEDICAL PACKAGE

NOTES TO MEDICAL:

ENSURE THE FOLLOWING DOCUMENTS AND INFORMATION IS INCLUDED
WITH THIS FAX:

- ☐ BUD/S-SWCC MEDICAL SCREENING QUESTIONNAIRE
- ☐ DD FORM 2807-1 (Pgs 1-3) & DD FORM 2808 (Pgs 1-3)
- ☐ RADIOLOGY REPORT OF CHEST X-RAY (PA & LAT)
- ☐ EKG REPORT
- ☐ CAREER COUNSELOR CONTACT INFO (E-Mail & Phone#)
- ☐ YOUR E-MAIL ADDRESS AND CONTACT INFORMATION